

Psychosocial Problems In Reproductive Health Of Elders

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Goals

1. Definition
2. Epidemiology
3. Sexual dysfunction (SD)
4. Psychological disorders (Depression)
5. Sociocultural problems
6. Interventions

Definition

- *“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process”*

Epidemiology

- The average life expectancy at birth has increased from 47 years in 1900 to over 78 years in 2008. By 2030, the percentage of the population over 65 years of age will exceed 20 percent, or over 70 million people
- **Epidemiological transition**: Heart disease, cancer, and stroke have become the leading "killers" among older adults, while deaths due to infection have decreased

Reproductive health(1)

- Sexual health is important at any age.
- Desire for intimacy is timeless
- While sex may not be the same as it was in your 20s, it can still be as fulfilling as ever.
- Discover which aspects of sexual health are likely to change as you age — and how you and your partner can adapt



Reproductive health(2)

- Hormonal changes **alone may not account** directly for changes in sexual function.
- Menopausal symptoms may have an independent adverse effect on sexuality
- In a study of 341 peri- and postmenopausal women, common menopausal symptoms, including **depression, sleep disturbances, and night sweats**, were associated with diminished libido

Aging-related physical changes do not necessarily lead to a decline in sexual functioning

➤ **good physical and mental health**



1. A positive attitude toward sex in later life,
2. Access to a healthy partner are associated with continued sexual activity,
3. Regular sexual expression

There are many potential barriers

1. The lack of a healthy sexual partner, (Depression,...)
2. The monotony of a repetitive sexual relationship,
3. A spouse's physical unattractiveness,
4. Hormone variability,
5. Illness and/or iatrogenic factors.

Risk factors:

- Psychological disorder
- Social problems
- Cultural problems
- Physical disorders

Psychological disorder(1)

- Depression
- Anxiety
- Insomnia
- Sexual disorder
- Drugs



Psychological disorder(2)

- **Psychiatric comorbidity** in men and women with SD was significantly higher than that found in the general population.
- The increased comorbidity of psychiatric disorders in men and women with SD **warrants** adding **efficient psychiatric screening** to the standard intake assessment procedure of patients with SD

Depression

- The term late-life depression includes:
 1. Aging patients whose mood disorder presented in earlier life,
 2. Patients whose mood disorder presents for the first time in later life.
- Depressive illness in the older population is a **serious health concern** leading to unnecessary suffering, impaired **functional status**, **increased mortality**, **excessive use of health care resources**.



Cont.

- Late-life depression remains **under-diagnosed** and inadequately treated.
- **Over 80** percent of mental health treatment for depressed older adults is delivered in the **primary care setting**
- Recognition and management of late-life depression is an important **responsibility for the primary care clinician**

Cont,

- Depression is not a normal consequence of aging .
- **Sadness and grief** are normal responses to life events that occur with aging such as:
- **Bereavement**;
- Adjustment to changes in social status with **retirement**
- **loss of income**;
- Transition from **independent living** to assisted or residential care;
- **loss of physical, social, or cognitive function from illness.**



Epidemiology (1)

- Rates of depression for community-dwelling older adults range from **2** percent (for patients in community settings who meet strict diagnostic interview criteria) to about **10** percent for patients with minor depression



Epidemiology (2)

- Cultural factors as well as variations in methods of assessment lead to significant variations in reported prevalence.
- Rates of depression are higher for older adults with comorbid medical illness and in general medical settings.

Epidemiology (3)

- Hospitalized geriatric populations have prevalence rates of depression over 30 percent, and patients with stroke, myocardial infarction (MI), or cancer have rates over 40 percent
- Depression is present in 17 to 26 percent of women who complain of low sexual desire

Epidemiology (4)

- Both depression and anxiety were significant correlates of distressing **sexual problems**.
- Anxiety and psychotic disorders are also risk factors for **sexual dysfunction**
- Benzodiazepines, Antipsychotic medications, have been reported to be associated with **sexual dysfunction**.
- Selective serotonin receptor inhibitors (SSRIs) can cause **low desire and difficulty with orgasm** in women

Risk factors for late-life depression include:

- Female sex
- Widowed, divorced, or separated marital status
- Lower socioeconomic status
- Comorbid general medical conditions
- Uncontrolled pain
- Insomnia
- Functional impairment
- Cognitive impairment

Risk factors(2)

- Multiple Sclerosis
- Parkinson's disease
- Sensory dysfunction in the genital region
- Epilepsy
- **When one partner becomes ill**
- Social isolation

Risk factors(3)

- **Nursing home residence** — As many as 50 percent of nursing home residents are depressed.
- A study of 634,060 nursing home residents 65 years and older found that during their first year, 54 percent had physician-diagnosed depression



Risk factors(4)

- Recent onset of physical illness
- Greater severity of physical illness
- Functional disability and limited mobility
- Poorly treated pain
- Multiple illnesses

Insomnia

- Insomnia is not only **a risk factor** for developing dysthymia and depression in older adults, but persistence of insomnia has been associated with **persistence of depression**
- A history of sleep disturbance was an independent risk factor **for recurrence of depression** in older adults in remission from depression
- whether insomnia, rather than a symptom of depression, is a comorbid disorder in at least some older patients, and whether **treatment** for insomnia would improve depression response or prevent recurrent depression

Medical conditions

- Depressed mood may be the first symptom of a number of medical conditions affecting the elderly including stroke, diabetes, cancer, hypothyroidism, and coronary disease
- Medical comorbidity — Treatment of depression can have beneficial effects on health outcomes in patients with chronic medical conditions such as chronic pain, diabetes, and osteoarthritis.

Impact(1)

- Quality of life
- increased office and emergency department visits,
- Increased drug use and cost for both prescription and over-the-counter medications,
- Higher risk for use of alcohol or illicit drugs,
- Increased length of inpatient stay, and overall higher costs of care

Impact(2)

- Subsequent **dementia** — Late life depression is associated with an increased risk of subsequently developing dementia
- Depression may cause a **loss of capacity for self-care and protection** and is a marker of **elder mistreatment**
- The impact of depression on medical **mortality** is being recognized and quantified

Impact(3)

- Suicide rates are almost twice as high in the older adult compared with the general population, with the rate highest for white men over 85 years of age.
- Most elderly suicide victims were in their first episode of depression and had seen a physician within the last month of life.

Screening tests

- Asking two simple questions about mood and anhedonia
 1. "Over the past two weeks have you felt down, depressed, or hopeless?"
 2. "Over the past two weeks have you felt little interest or pleasure in doing things?"

The five items are:

- This self-report instrument has been studied in multiple settings . A five-item version demonstrated good receiver operating characteristics across the full spectrum of elderly populations.
- Are you basically satisfied with your life?
- Do you often get bored?
- Do you often feel helpless?
- Do you prefer to stay at home rather than going out and doing new things?
- Do you feel pretty worthless the way you are now?

Sociocultural problems(1)

- Physical environment where the person lives
- Access to needed services
- Social support for both physical and emotional needs
- Activities of daily living (ADLs)
- Support structure (who provides emotional support; call for help)
- Family relationships

Sociocultural problems (2)

- Education
- Habits (alcohol, tobacco,...)
- Caregiving needs (who shops, who cleans, who drives or provides transportation, who cuts nails)
- Participation in exercise and recreational activities (frequency and duration of exercise; hours of television or video per day)
- Community involvement
- Advanced care planning

Relationship factors

- In addition to overall physical and mental health, the relationship with the partner is a principal determinant of **sexual satisfaction**.
- In a national probability sample of almost 1000 women, the best predictors of **sexual distress** were markers of general emotional well-being and relationship with the partner



Cont,

- A partner's sexual problems, most commonly **erectile dysfunction**, will also influence a woman's sexual experience.
- For older women, simply having a spouse or intimate partner may be a **limitation**



Social isolation(1)

- Older adults suffer from social isolation:
 1. **Functional limitations,**
 2. Lack of relatives, friends, or organizations to provide **physical or emotional support.**
 3. Social isolation and **poverty** are associated with high rates of depression, anxiety, disability, and self-rated poor health.

Social isolation(1)

- Feelings of loneliness have been associated with self-reported elder mistreatment



Elder Mistreatment(1)

- Elder mistreatment has been reported in 3 to 8 percent of the older adult population in the US .
- A variety of forms (physical, sexual, psychological, financial, neglect) can result in adverse health outcomes for older victims, including increased mortality

Elder Mistreatment(2)

- A history of **sexual or physical** abuse is a major risk factor **for sexual problems**.
- In a community-based epidemiologic study of over 3000 women aged 30 to 79 years, the odds of female sexual dysfunction were doubled by childhood and adult abuse

Studies

- The risk of **death** was **increased threefold (OR 3.1)**, compared to other members.
- Reported elder abuse was also associated with an increased **mortality rate (HR 1.39)**.
- Women who reported physical abuse in the prior year had the highest age-adjusted **mortality rate**, and women who reported either physical or verbal abuse also had higher **mortality risk** than women who did not report abuse

Cont,

- **Advanced age** — Advanced age increases the vulnerability of elders to abuse or neglect
- **Gender** — Women are over-represented as victims all types of abuse except abandonment . Male gender was a significant predictor of self-neglect



Cont,

- **Ethnicity** — African-Americans were over-represented, while Hispanics and other minorities were under-represented
- **Low socioeconomic status:** lower education and income levels

Diagnostic criteria

The American Psychiatric Association (APA) guidelines for **Sexual Disorders** require that a sexual problem be recurrent or persistent and cause personal distress or interpersonal difficulty to establish the diagnosis

Diagnostic criteria(2)

- Victims themselves are unlikely to report instances of abuse, making it difficult to address issues in the clinical setting.
- Older adults who are noted to have contusions, burns, bite marks, genital or rectal trauma, pressure ulcers, or a BMI <17.5 without clinical explanation should be asked about mistreatment or referred to social work services .

- Pain or soreness in the anal-genital area
- Evidence of venereal diseases in the oral or anal-genital regions
- Vaginal or rectal bleeding
- Bruises or lacerations on the vulva, abdomen, or breasts
- The American Medical Association recommend that physicians routinely ask older patients direct, specific questions about abuse

Use of Alcohol(1)

Approximately 15 percent of adults over age 65 years experience health problems related to the complications of alcohol consumption in combination with medication or chronic conditions. Two to 4 percent meet criteria for alcoholism

- Alcohol use in older adults may negatively impact function and cognition, as well as general health

Use of Alcohol(2)

- Risk factors for alcohol abuse among older adults include **bereavement, depression, anxiety, pain, disability**, and a prior history of alcohol use. A variety of screening tools are effective for identifying alcohol misuse in older patients

Cognitive assessment

- The prevalence of dementia increases with age, with estimates ranging from 20 to 50 percent after age 85
- There is lack of consensus on the value of screening. Vulnerable older adults may benefit from screening if early identification results in preservation of function and increased attention to safety, behavioral, and caregiver issues

Interventions(1)

- Available support services — Most older persons prefer to remain in their homes, and a variety of services are available to help make this possible, including **adult day care centers, home delivery meal services, transportation services, community centers for social activities, and religious programs**. Other more specific services may include financial or legal aid services and housekeeping.

Interventions(2)

- Many communities have
 1. A network of aging services,
 2. Volunteer companions, agencies that provide nursing or homemaking services,
 3. Transportation for older adults or the disabled.



Cont,

1. The National Association of Area Agencies has established an [eldercare locator website](#) to help connect older
2. The National Council on Aging has created a website ([BenefitsCheckUp.org](#)) that facilitates access to community services, including those that are [free or low-cost](#).

Interventions(3)

- Short-term issues focus on immediate needs to maintain or restore current health status and may be the sole focus for patients at the end of life. Such issues may relate to ***symptom management, care coordination, personal safety, and living situation.***
- Mid-range issues, addressing needs over the subsequent one to five years, ***involve preventive care, disease management, psychological issues, and coping strategies.***
- Long-term issues, relating to plans to be implemented at the time of eventual decline, are important to consider for older adults who are ***currently healthy and high-functioning***

Interventions(4)

- Primary prevention aims to avert the development of disease. **Immunizations, life style modifications** (smoking cessation, promoting physical activity), and chemoprophylaxis (aspirin for primary prevention of heart disease) fall under the category of primary prevention.
- Secondary prevention focuses on **early detection** and treatment of asymptomatic disease. Screening for cancer, hearing or vision impairment, osteoporosis, hypertension, and abdominal aortic aneurysm (AAA) are examples of secondary prevention.
- Tertiary prevention identifies established conditions to prevent **further morbidity or functional decline**. Identification of cognitive problems, disorders of gait and balance, malnutrition, and urinary incontinence are examples.

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